

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
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FILING DATE

10/5

CLAIMS

6/6/06

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1				1
3		1				1
4	2	2	1			1
5	3	1				1
6	4					1
7		2				1
8		2				1
9		2				1
10		2			1	1
11		2			1	1
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TOTAL IND.			1		1	
TOTAL DEP.		10		10		10
TOTAL CLAMS			11		11	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL DEP.						